

# STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Joel Maiola			
II. Name of lobbyist's partnership, firm o	r corporation, if any:		
McLane Middleton Government &	Public Strategie	s. LLC	
(Name of partnership, firm or			
900 Elm Street, P.O. Box 326	Manchester	NH	03105-0326
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(602) (600 1405	2) 605 5650		
(603) <u>628-1485</u> (60 (Telephone)	3) 625-5650 (Fax)	e-mail joel.ma	iola@mclanegps.com
(Telephone)	(I ax)		
III. This statement covers: (Choose one - reportable expense transactions which are			y file a separate report for
All reportable transactions occurring in t	he months prior to the re	porting date relative to th	e following client:
Well Sense Health Plan			
	s it appears on the Lobbyist	Registration Form)	
<u>OR</u>			
<ul> <li>All reportable transactions by the lobbyis unrelated to any particular client.</li> </ul>	t (including the lobbyist'	s family), or the lobbying	; firm listed below which are
IV. Date of Report April 26, 2017  Reports cover: activity from date of registrat	ion to 3/31/17 act	July 26, 2017	
October 25, 2017 [  activity from 7/1/17 to 9.	]	January 31, 2018 🕱 tivity from 10/1/17 to 12/31/	417
V. There have been no fees received an If this box is checked, complete just this form Concord, NH 03301.			
VI. Check if additional reports are attache	ed:		
If you have received fees or made expen	ditures, you must file Ac	dendum A— Fees and Ex	rpenses
☐ If you have paid an honorarium or reimb Expense Reimbursement	oursed expenses, you mus	st file <b>Addendum B</b> – Rep	port of Honorariums or
If you, your firm, or your family has made	de political contributions	, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge are (Signature of lobbyist)	nd RSA 664 and hereby	swear or affirm that the f	
(Signature of loobyist)		(Dat	e)
Joel Maiola			
(Print Name of Johnvist)			

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# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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FEB 02 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

		DEPARTMENT OF
I. Name of Lobbyist(s) Joel Maiola		-
II. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC (Name of partnership, firm or corporation)		
III. Name of Client Well Sense Health Plan	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or p	ublic relations services
a) Total of all fees received in this reporting period	a) \$	24,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).		72,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$	96,000.00
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if ex- may be filed for a aggregate total expenses; (b) the le: meals purch ss than \$10 that and with a value porting period of the of greater the er than \$25, but, expense reim	penditures are made by or the lobbyist(s)/firm. al of all expenses paid e aggregate total of all assed during a business t is given to the person of \$25.00 or less); and greater than \$25.00 for nan \$25, purchase of a t not greater than \$50, bursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$	24,000.00
in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	24,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	72,000.00
f) Total of all expenses year to date	f) \$	96,000.00
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees	during this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	a dhad dha G	
is true and complete to the best of my knowledge and belief.	n that the ro	regoing information
(Signature of Johnson)	1	/31/18
(Signature of lobbyist)	(I	Date)
Joel Maiola (Print Name of lobbyist)		
(i this raine of loopyist)		